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LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

LETTERS FROM NURSES IN SERVICE

I.

Dear Editor: A week ago I was temporarily detached from our Base Hospital to go with Captain H—— and an enlisted man on a shock team to an Evacuation Hospital. We came through Paris where we spent a day, most interesting, then on to Base — where we stopped for further orders. The hospital is a group of one-story buildings with tents for convalescents, all well-planned, and so easy to work in. As you went from ward to ward, it was delightful to see the ingenuity of the nurses in the makeshifts they had arranged for substitutes for necessities. I think we are all learning how to really work and make the best of inconveniences and if we ever work in a civil hospital again, we shall appreciate having utensils and supplies. Of course no civilian would be as patient as these wonderful soldier patients we have. Can you imagine a patient recently operated on, not asking half a dozen times a minute for water? The boys do not. They never ask questions about their condition except, "Nurse, how long does a fellow have to stay in bed with my trouble? I want to get back to my company." Perhaps the thing that impressed me more than anything else at this hospital was the dietitian. She is a nurse, such a happy little body, and she created the homiest atmosphere in her kitchen shack you ever saw. For instance, she had two canary birds hanging outside the door and they warbled and sang all day long. Everybody stopped and listened. One very sick boy said: "My, but that's the nicest music I've heard in France." One of my lads who wasn't going to get well, begged the Red Cross worker for ice cream. She said she would try to get some. I told the little nurse about it, and didn't she come in, the same afternoon, with the nicest cream you ever saw and fed it to him, herself. It seems she brought a little freezer over with her. She had been up that morning at 4, because of a convoy of wounded coming in, and should have been sleeping. That's what she is doing in a very gentle little way. I might also add that the Red Cross worker brought ice cream in to the boy that night. She had sent a motorcycle many miles for it, but it was too late for my boy. From there we were ordered here to Evacuation No. —, and to the shock ward, where we work in eight-hour shifts on patients suffering from shock. They only stay until out of shock and are then transferred. It is not a large ward but everything is right handy and it seems as if all we do is to give hypodermics, and infusions of saline, and warm them up. But in spite of the tension it is a satisfaction to watch the color come back, feel the pulse respond, and see their eyes open.

France

M. L.

II.

Dear Editor: I'm over here as night superintendent. We have been here not quite three months. I thought you would like to know how nicely the English nurses have treated us. Miss Kent and Miss Hulme, whom I met at San Francisco, gave me a most delightful afternoon with them at tea, one day. We have a hospital full of soldiers from France and we feel very fortunate in having such a nice modern hospital in which to give them care. At first we had opportunities to see a good bit in and about London. We have been quite fascinated by these

wonderful historic places. One day we went to St. Thomas' Hospital because to most nurses the place of Florence Nightingale's activities is of great interest. St. Thomas' Hospital is beautifully situated on the bank of the Thames just across the river from the Houses of Parliament. There are seven four-story pavilions (called blocks in London), connected by wide arcades. In the hall of the main entrance there is a wonderful statue of Queen Victoria in royal robes and we found ourselves looking about for just such a statue of Florence Nightingale and we did find a memorial plate in the chapel and a dainty statue on the lower floor in the Nurses' Home. A most delightfully courteous pupil nurse escorted us to the children's department, or the Bo-peep room, a cheerful nursery with pictures on the walls in a tile of yellow and a beautiful blue-bird frieze was over the door. It was so cheerful and bright, we almost forgot it was a hospital until we spied the dressing carriage all prepared for real work. One day we visited the Registered Nurses' Society where the shelves of volumes of the AMERICAN JOURNAL OF NURSING made us feel at home and it was most pleasant to see the room where Miss Dock has done so much of her good work. We people from the bright and sunny west have found London very cold, but the beautiful flowers blossom on and on even at this late hour in autumn.

England

E. S.

III.

Dear Editor: This war is causing a great many changes in the world, and the nursing profession will probably realize as great an evolution as any occupation. Is this going to be a change for the better or for the worse? One advertisement in an American journal states, "Here is the opportunity for every free woman in America," etc. Is every free woman in America fitted for entering the field of nursing? If that is so, other occupations for women must be terribly crippled. For many years great care has been taken and great difficulties have been overcome in obtaining the right kind of women for the nursing field. In this war-rush there is great danger of losing much of the good that has been established. Even now, many of the nurses have only a few of the essential qualifications necessary in a real nurse. The institutional nurse is often strictly an institutional nurse. Many women who make excellent managers would never make nurses. The efficient operating-room nurse may possibly be of the type that is unfitted for general nursing. Capable social service workers are sometimes the kind of women who would be miserable, and make every one else miserable, if attempting to care for a patient in a private home. The nurse who attempts private nursing, and reminds the doctors, patients, and registrar that she does not take this kind of a case or that kind of a case, very often succeeds beautifully in some institutional position. The essential qualities in a nurse are tact, skill, and a disposition to enter into many conditions, helping to turn suffering and unhappiness into comfort and peace. The arrangement in institutions is usually such that the nurse has to spend the greater part of her time performing innumerable menial duties. While these duties are of infinite importance and must be done, they can be performed by any person of ordinary intelligence. It is not wise to allow time, money, and energy to be wasted in this way when there is such urgent need for nurses. Nurses' aides have, after twenty minutes of instruction, made beds of which no graduate nurse need feel ashamed. Inexperienced Corps boys have, in fifteen minutes, been taught to make cocoa and lemonade. It is amazing the amount of excellent care two nurses can give, on a ward holding sixty or seventy patients, where there are assistants to perform the many minor duties. A nurse may spend ten

or fifteen minutes giving a treatment to a patient. She spends another ten or fifteen minutes in cleaning up and putting away the articles used, though some assistant could do it just as well. If the nurse spends two hours in dressing wounds she must often spend as much as one hour in cleaning up the dressing carriage. The cleaning of tubes and rubber gloves, the scouring of instruments and scrubbing pots and pans can all be done by some other person with a little supervision on the part of the nurse. There are thousands of women in the United States who are free and willing and able to help in this war rush. They are practical and intelligent women who with some training would be of more value on the wards than we can estimate. If wisdom is used, the experiences of the war will not lower our ideals in nursing but will raise them to a much higher level.

France

H. A. R.

EXPERIENCES DURING THE INFLUENZA EPIDEMIC

I.

Dear Editor: It might be interesting to you to know how a little village on the prairie of North Dakota met the Spanish influenza. We were caught wholly unprepared, as far as organization went. Our Red Cross Chapter received working orders in time, but these were disregarded by the chairman, a man of much red tape, and not at all capable of meeting any emergency with which he was not familiar. Therefore the Red Cross Chapter offered no coöperation. Our county possesses six nurses, geographically well situated to care for the population. Not having the support of the Red Cross, we each did the best we could, working under the doctors who serve our several districts. Our town cases were handled by practical nurses developed by the occasion, and by a few hour to hour calls made by myself,—few, because I had three cases at once in my own family. The county cases could not be handled in the same way because of the long distances to be covered, and the amount of home work and farm work to be done, combined with any attempt at nursing. For instance, if you wanted milk for your patients you would have to strain it and care for it, and if you wanted clean sheets, you would have to wash the two or three that the home possessed. In one family of eleven, five children had the disease and recovered, but the common water pail and drinking dipper soon infected the mother and remaining four children who all had double pneumonia and one had severe croup, which greatly disturbed the peace of mind of the volunteer helpers. The condition of that family was pitiable indeed. They had money, but help could not be had for money. My husband, a doctor, took me out one Sunday morning to “do something,” as he expressed it. I found, lying on a sanitary cot, with a horse-hide robe for a mattress, four completely-dressed little children, from two to six years old, with temperatures ranging from 102° to 105°,—the boy with croup struggling for breath, and kicking the little brother at the other end of the cot, in the chin, with a new pair of shoes. They were so toxic as not to notice anything. A baby four months old, in a buggy, was defending itself from the flies and coughing, getting what solace it could from a dry bottle. In the next room lay the very delirious mother. She was at the crisis and had several times escaped upstairs to a dark closet. The nervous symptoms were so pronounced that we had to approach her with great care. The bed was innocent of sheets or pillow-slips. Some new cotton blankets had been procured and a comforter, and she was barricading herself with her